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EMERGENCIES



PRESENTED BY
THE MUTUAL LIFE INSURANCE COMPANY
OF NEW YORK
RICHARD A. McCURDY, President

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EMERGENCIES

A MANUAL FOR REFERENCE

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The Mutual Life Insurance Company
of New York

RICHARD A. McCURDY, President

1904

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EMERGENCIES

As a preparation for emergencies, there can be nothing better than a policy in THE MUTUAL LIFE INSURANCE COMPANY OF NEW YORK.

No. 2 in the series of Medical Handbooks now being revised and issued by The Mutual Life Insurance Company of New York. Others in course of preparation.

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EARACHE.

Evaporate the alcohol from a teaspoonful of laudanum (page 11); add half as many drops as you started with of glycerine or sweet oil; make this milk-warm, and pour into the ear, taking hold of the upper tip and pulling toward the crown of the head (page 13); or, wet a scrap of linen in a teaspoonful of laudanum, dry before a fire, cut into bits, place in the bowl of a tobacco-pipe, light it, cover with a coarse handkerchief, insert end of the stem (mouthpiece), suitably protected so as not to hurt, into the ear of the child. Then apply the lips to the bowl and blow the smoke from the burning opium of the laudanum into the ear. Tobacco alone can be used in the same way. Either of these methods will afford instant relief in most cases. Frequent syringing with decidedly warm, almost hot water is also highly recommended by eminent aurists. Tenderness, redness, or swelling of the tissues immediately behind the ear are danger signals, and should be promptly heeded, as they indicate serious mischief in the underlying bony structure. Make cold applications (small compresses kept on ice serve the purpose) and summon a physician. If the pain continues, consult a doctor without delay. It may be the beginning of severe inflammation of the ear, which sometimes proves fatal.

Earache.

Any chronic discharge from the ear should be treated until it is entirely well. It may occasion very little inconvenience, but, on the other hand, it may cause a severe inflammation of the brain, which is usually fatal.

Chronic discharge from the ear.

TOOTHACHE.

Toothache.

This is sometimes neuralgic, and sometimes due to decay. Heat applied to the face outside, and a heated half of a fig held inside, often relieve the former kind, and sometimes afford temporary relief in the latter kind. If the cavity can be cleansed out with a broom-splint and filled with cotton steeped in evaporated laudanum much comfort will be found.

FACEACHE.

Faceache.

This usually is neuralgic, and the application of heat is always grateful. A small hop-pillow heated and held to the face is useful; or the face may be bathed with laudanum, tincture of arnica or any soothing substance. Mustard plasters should not be used, as they leave a conspicuous mark, and may blister. Ordinary Cayenne pepper mixed into a stiff paste with an equal bulk of Indian meal and honey is quite as active and useful, and does not blister the skin.

CROUP.

Croup,
varieties.

Croup may be either membranous or spasmodic. The former is really a variety of diphtheria, and should be treated as such. The latter is by far the more common, however, and is often produced by the presence of undigested or indigestible food.

Symptoms.

Some young children seem peculiarly prone to this trouble. The well-known hoarseness of the voice and the rough, brazen cough which come on toward night always suggest the possibility of an attack of croup. These symptoms, showing increased difficulty of breathing, rapidly grow worse, and all that is to be done must be done quickly. Of course, a physician should be sent for.

The first thing is to get the child to vomit, by giving

it every few minutes a teaspoonful of syrup of ipecac, followed by draughts of warm water. As soon as vomiting commences a warm bath should be given, the skin well dried with a warm soft towel, and the child put to bed. A properly made and carefully applied warm poultice, or flannels wrung out of hot water, may be placed on the upper and front part of the chest, care being taken on removing it to substitute a warm, dry flannel. In doing these things do not expose the skin to the slightest draught. A mustard paste—one part mustard to fifteen or twenty parts of flour—is also useful, especially if there is any accompanying bronchial inflammation. Small doses of paregoric or sweet spirits or nitre—ten drops of either in water, repeated every two hours—may be given if the cough is troublesome.

Treatment.

After the child vomits, or should it seem weak, five drops of aromatic spirits of ammonia in a teaspoonful of water may be given every ten minutes until four or five doses shall have been taken. This is for a child about two years of age.

The stomach of a child susceptible to croup cannot be too carefully guarded, especially if it is suffering from what is popularly known as a “cold.”

CONVULSIONS IN CHILDREN.

These, sometimes called “fits,” often result from undigested food in the stomach or bowels. The first thing to be done is to put the child in a bath of warm water.

**Convulsions
in children.**

In the course of a few minutes—which seems much longer to the mother and friends—the spasm relaxes enough to permit an emetic to be given to dislodge whatever may be in the stomach. The syrup of ipecac,

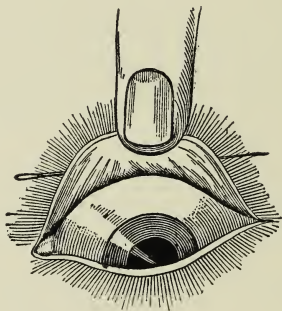
as directed under "Croup," is as good as anything for the purpose.

Sometimes these convulsions are one of the early symptoms of scarlet fever, measles, or other diseases peculiar to childhood.

FOREIGN BODIES IN THE EYE.

Methods of removal.

Particles of cinder, dust or fragments of metal often get into the eye, and cause a great deal of trouble. Generally they are dislodged and washed out by the extra secretion of tears due to the irritation, but sometimes it is necessary to resort to some process of extraction. A popular and often successful plan is to take hold of the lashes of the upper lid and separate it from the eyeball, so that the lashes of the lower lid will slip up



into the space, acting as a brush to the inner surface of the upper eyelid. This cannot, as a rule, remove anything from the eyeball. A better way is to hold a knitting needle or a match over the upper lid, close to and just under the edge of the orbit, firmly, but without much pressure. Then seize the lashes of that lid with the fingers of the disengaged hand, and gently turn the lid

upward and backward over the needle, or the substitute used. Movement of the eyeball by the sufferer, in a strong light, usually reveals the presence of the intruding body, so that by means of a corner of a silk or cambric handkerchief it can be detached and removed.

Should the foreign body be imbedded in the mucous membrane covering the eyeball or the eyelid (conjunctiva), a steady hand and a rigid instrument will usually lift it out. A very useful spud for such a purpose is the butt of a clean pen. A drop or two of cocaine solution, 5 or 10 per cent, will deaden the sensibility of the eye, and materially facilitate the removal of the foreign body. This solution dilates the pupil, but the effect passes off in a few hours.

**Removal, if
imbedded.**

The foreign body often cannot be seen, but the person assures us that he feels it. Usually he does not really feel the presence of the body so much as the roughness (really a wound) left by it. In such a case, even if the body has been removed, a soothing application to the injury is as useful as a similar remedy applied to a wound of the hand. Take a spoon or cup, heat it, and pour in a few drops of laudanum. This will soon become dense and jelly-like. A few drops of water added will dissolve this gummy material, and the liquid thus formed may be applied by the finger to the "inside of the eye," as they say. Laudanum is opium dissolved in alcohol. The alcohol is somewhat irritating, but is easily evaporated by the gentle heat, leaving an extract of opium, which is dissolved in the water afterward added. A still better application for this sense of irritation is made by dissolving a teaspoonful of boric acid, either powdered or crystalline, in a teacupful of warm water. A few drops of this can be dropped in the eye every half hour or so. This is also an excellent thing for that

**Treatment
of the after-
irritation.**

Pink-eye, or
conjuncti-
vitis.

condition of the eye known as pink-eye, or acute conjunctivitis. If the inflammation is at all marked, it is well to combine cold applications with the drops by keeping cloths wet with ice-water constantly on the eye. It should be remembered that pink-eye can easily be transferred to the sound eye, or to another person, and precautions should be taken to prevent this. Do not use any of the popular "eye-waters" or "salves."

Lime in the
eye.

A not uncommon accident is the lodgment of a fragment of lime in the eye. The delicacy of the organ and the activity of this powerful alkali require that the remedy be applied immediately. Do not waste time by attempting to pick the lime out, but neutralize the alkali with a few drops of vinegar (which is dilute acetic acid) in a little water. A few drops of lemon juice, in a little water, will answer just as well. Even when this is done rapidly, the ulceration caused by the alkali will be some days in disappearing. In all cases where lime has entered the eye no time should be lost in consulting a surgeon.

FOREIGN BODIES IN NOSTRILS AND EAR.

The curious disposition of children to insert foreign bodies—as grains of coffee, corn, peas, pebbles, etc.—up the nostrils and into the ear is too well known to need more than a mere allusion. If the body is soft, it absorbs moisture from adjacent parts, and becomes swollen and more difficult to remove. If the body is hard, the irritation and inflammation soon caused by it in contiguous parts materially increase the difficulties of removal. Hence the sooner these substances are removed the more easily will their removal be accomplished.

If the foreign body is up the nostril, the child should be made to take a full inspiration ("a full breath");

then if the other nostril be closed with the finger, and the mouth closed with the hand, the air from the lungs, escaping through the nostril closed by the foreign body, assisted by a sharp blow on the back with the palm of the hand, will often expel the substance.

Treatment
of foreign
bodies in the
nostril.

If it will not escape in this way, and it is near the opening of the nostril, compression by the fingers, just above, will prevent it getting further up, and it can be hooked out with the bent end of a wire or a bodkin. Should these measures not remove the foreign body, the child must at once be taken to a surgeon.

Foreign bodies in the ear are more troublesome to deal with. No effort to remove them with a probe, or anything of the kind, should be made by anyone except a professional man, for fear of permanent injury to the ear. The head of the child, face downward, should be firmly held between the knees, and with a Mattson or Davidson syringe a stream of tepid water should be injected into the ear. The nozzle of the syringe should not be introduced into the cavity, as its presence may prevent the dropping out of the body after the water has been forced past and beyond it.

Treatment
of foreign
bodies in the
ear.

Should this means not succeed, consult a surgeon without delay.

Insects sometimes get into the ear. The best way to get them out is to hold the head of the person with the disabled ear upward, and fill the cavity with sweet oil or glycerine. This drowns the animal, by closing its breathing pores, and in a short time it floats to the surface of the fluid used. The tube of the ear is slightly curved, and when straightened somewhat by taking hold of the upper tip, and gently pulling it upward toward the crown of the head, the liquid flows in more readily.

Insects in
the ear.

BLEEDING FROM THE NOSE.

Bleeding
from the
nose.

Bleeding from the nose is sometimes troublesome, but not often fatal. In severe and prolonged cases professional assistance can usually be obtained. The remedies and appliances to be used cannot be properly described here. The most important thing is not to disturb the clot closing the little ruptured vessels by blowing the nose. The person should be kept flat on his back, the collar loosened and cold applied to the back of the neck. Do not forget that a small amount of blood will stain quite deeply a large amount of water. One common practice should be carefully avoided—that of holding the head over a vessel and letting the blood drip into it from the end of the nose. This attitude simply congests the head and prolongs the bleeding.

SPITTING OF BLOOD.

Spitting of
blood.

If the blood comes from the lungs, it is suggestive of trouble there, but not always so in young people, especially in young women. The amount of blood lost is in itself rarely fatal. As salt is usually given in such cases, it has acquired a popular confidence for arresting the loss of blood. Salt and fragments of ice may be given, and the patient made to lie quietly on his back. Of course, a doctor should be sent for at once.

POISON-VINE ERUPTION.

Poison-vine
eruption.

Several varieties of the Rhus, popularly known as the swamp-sumach or poison-sumach, poison-vine, and poison-oak, when brought in contact with the skin of many persons, produce itching, redness, a sense of burning, tumefaction, and even blistering. Sometimes the swelling is so great as to disguise the features. Some persons

experience the same symptoms if they come within the influence of merely the emanations from the different species of the *Rhus*. The poisonous effects are usually observed shortly after exposure, and begin to decline within a week.

Weak alkaline solutions—say a teaspoonful of common baking soda to a quart of water, or even lime-water—kept to the part by dipping pieces of linen in them, are useful in allaying the inflammation. The addition of laudanum relieves the pain. Weakened lead-water is also recommended. Cream from milk is perhaps as useful as anything.

SUNSTROKE.

Ordinary exhaustion from overwork in a heated atmosphere is about the only disorder likely to be confounded with sunstroke. The distinction between the two will not be attempted here, as there is no essential difference in the treatment.

Sunstroke.

Contrary to what is generally supposed, exposure of the head to the direct rays of the sun is not essential to cause sunstroke, as statistics show that it may occur in the shade, under shelter, and even at night; sometimes even in persons who have not been exposed to the sun for days before. Intense heat, either solar or artificial, is necessary to cause sunstroke. Workmen in sugar refineries, laundries, and engine and boiler rooms are not infrequently subject to it.

Causes.

Sunstroke appears to be decidedly favored by intemperance and lack of acclimatization, and the debility which has been brought on by fatigue in a heated atmosphere also favors it. Occupants of badly ventilated sleeping apartments appear to be oftener attacked than those who sleep in purer air.

Symptoms.—It is generally thought by the non-pro-

**Warning
symptoms.**

fessional that the symptoms of sunstroke come on without any warning whatever. Most cases, however, are preceded by pain in the head, wandering of the thoughts, or an inability to think, disturbed vision, irritability of temper, sense of pain or weight at the pit of the stomach, and inability to breathe with the usual ease and satisfaction. These symptoms become more marked until insensibility is reached, and sometimes are preceded by delirium.

**Symptoms
of the
attack.**

The skin is very hot, usually dry, but when not dry is covered with profuse perspiration. The face is dusky, or, as the saying is, "blue," and the breathing rapid and short, or low and sighing. The action of the heart, perceived by placing the hand over it, is weak, rapid and tremulous, often compared to the "fluttering of a bird." In many instances, from what is popularly termed the commencement of the attack until it ends in death, the patient does not move a limb, nor even an eyelid.

The breathing gradually fails, and the blood therefore is not purified in the lungs, as is indicated by the livid, purplish appearance of the surface. We are led by these symptoms to conclude that death takes place by asphyxia, as described under the heads "Drowning," "Suffocation," etc.

While we know that certain things favor the disorder, that a high temperature is necessary to produce it, and advise certain measures of precaution and relief found by experience useful in such cases, but little is really known of the nature of the malady. It would seem that the great heat of the body induces some change in the character of the blood, unfitting it for its proper functions. Owing to this peculiar condition of the blood, the portions of the brain or nervous system controlling the action of the muscles of the chest and heart lose their ability to super-

intend properly the movements of breathing and circulation, and, as said before, the person dies from asphyxia.

Treatment.—The person attacked should be carried at once to some shady spot. If a house in the neighborhood has a bathtub large enough to hold the entire body, he should be taken there. The tub should be filled with cold water. If it cannot be obtained cold enough, ice should be added. The entire body should then be immersed, with the exception of the head, over which an ice-cap should be placed. This can easily be made by putting a large fragment of ice in a towel and striking it a few times against the wall, thereby breaking the ice into small pieces. The patient should be kept in the bath for ten or fifteen minutes and then placed in a bed between blankets, without being dried. If at the end of fifteen minutes he shows no signs, or very feeble ones, of returning consciousness, he should be replaced in the bath and treated as before. This can be repeated at intervals of fifteen minutes, until consciousness is quite well established and the body remains cool. After being quite comfortable for some time, it occasionally happens that the patient becomes stupid and his body gets hot again. If this occurs, repeat the bath as before.

If no bathtub is available, the person should be placed in a shady place, as a large room, or the shade of a building or of a tree. His clothing should be stripped off and his body and head thoroughly sponged with ice-water for twenty minutes, using it very liberally. This should be repeated in fifteen minutes, as in the case of the bath. In fact, there is no difference in the two methods, except that by means of a tub we can apply cold water much more thoroughly.

Artificial respiration may be resorted to, if necessary, until the natural breathing returns, as soon as the heated

Treatment,
if a bathtub
is available.

Treatment,
if a bathtub
is not
available.

**Other
measures of
treatment.**

condition of the body is overcome. The dashing of cold water over the chest and face is a useful means of encouraging a return of the suspended breathing, and is practiced in asphyxia from other causes. The ready methods of Sylvester and Marshall Hall are better for this purpose.

Medicines, it will be seen, are of little value in this malady. A stimulant, however, may be useful, and the best stimulant in all such cases, if it can be obtained, is aromatic spirits of ammonia—fifteen or twenty drops in a tablespoonful of water, which may be given every few minutes, until three or four doses have been taken.

**Preventive
measures.**

Prevention.—During very hot weather all use whatever of malt, fermented or distilled drinks should be abstained from. Not only do they favor, in a general way, a condition of the system in many respects similar to that which leads to sunstroke, but they deaden sensibility at the very time that it ought to be on the alert, and the person is less able to detect slight changes in his feelings, which otherwise might have served as useful guides.

Everything in any way calculated to impair the strength should be avoided. Sleep is a most wonderful restorer of strength, and the want of it is often caused by a badly assorted late meal of the preceding evening. Defective ventilation leads to a condition of affairs favorable to the malady under consideration. Every night a bath should be taken; but as this is not always possible in every house, the entire body should be washed off each night before retiring. Laboring men who work in the sun have no excuse for neglecting this, for water costs nothing, and three minutes time is all that is required.

Drinking large quantities of cold water, merely because it is cold, should be avoided immediately before, during and after meals. The debility resulting from the heat

weakens the digestive powers, and water unnecessarily used to excess at the times named tends still further to retard the digestion of the food by weakening the solvent action of the secretions of the stomach.

Preventive
measures
(continued).

In other words, if there is a time above all others, the year around, when precaution for the preservation of health is required, it is during the hot months of summer.

Loosely fitting light garments should be worn, if possible. Particular attention should be given the head. It should be protected from the heat of the sun, and at the same time the covering worn should favor the circulation of a free current of air over the scalp. A straw hat of loose texture, with a lining to the crown which can be kept constantly wet, ought to be worn; and if it has brim enough to protect the neck, and even the shoulders, the wearer is still more fortunate.

While attention should always be paid to these things in hot weather, it is particularly necessary, if any symptom be observed on some special day, that the greatest care be taken not to let it extend into an attack of sunstroke. Discontinuance of work until the symptoms disappear, in such a case, would seem to be the proper course to be pursued.

It is said that persons who have once suffered from sunstroke are for a long time afterward unable to bear much exposure to the heat without a recurrence of the symptoms of the malady.

FROSTBITE.

Exposure to severe cold often leaves the fingers, toes, nose, ears and lips more or less frozen. This condition, short of absolute death of the part, is termed frostbite. It will be observed that the portions of the body just enumerated are those most exposed, in area,

Frostbite,
where
located.

to the influence of the cold, and are situated furthest from the heart. It will perhaps be unnecessary to remark that persons who are debilitated are more apt to suffer from the same amount of exposure than the robust.

Symptoms.

When the circulation of any part begins to succumb to the influence of cold, it becomes puffy, bluish and smarting. This is because the blood moves more slowly than is natural through the vessels exposed near the surface. Soon this blueness disappears, and the part becomes pallid, as if the influence of the cold had contracted the vessels to an extent incompatible with the passage of blood through them. The pain at this point ceases, and, indeed, until the sufferer meets a friend he often does not know of his mishap. At this stage the injury has become so great that, unless proper means are taken to restore circulation, there ensues complete death of the part, which in due time sloughs away and is detached from the living tissue.

**Symptoms
of general
freezing.**

What takes place in a part of the body may take place in the whole of it, and then the person becomes "frozen to death." The blood of the extremities, being gradually forced from them by the continued subjection to the cold, is driven inward upon the larger blood-vessels, heart, lungs and brain. There is increasing difficulty in breathing, owing to the engorged state of the chest, and, what should always be remembered by one so exposed to cold, an unconquerable desire to sleep. To sleep then is to die. If the person exhibits such a symptom, he must, by all means, be kept constantly moving.

**Treatment
of general
freezing.**

Treatment.—Persons exposed as described must be treated promptly, and one thing should never be lost sight of—that is, to keep the frozen person away from the heat. A person taken up insensible, or nearly so, from exposure to the cold, should be taken into a cold room

and his clothing removed. He should then be thoroughly rubbed with snow, or with cloths wrung out of ice-water. Friction to every part of the body, particularly the extremities, must be continued for some time, until signs of returning animation appear. When the frozen limbs show signs of life, the person should be carefully dried, and put in a cold bed in a cold room; artificial respiration should be used until natural respiration is established; then brandy should be given, also ginger tea and beef tea. Usually, by this time medical advice will have been secured to direct further treatment. Should this not be the case, do not forget that the patient is to be brought by degrees into warmer air; and lest in some part there may still be defective circulation, he should be kept away from exposure to the heat of the fire.

Milder degrees of the same condition, as suspension of life in the ears, nose, fingers, or toes from exposure to cold, must be treated with the same general directions in view. The part should be kept away from the heat, and rubbed with handfuls of snow, or with towels dipped in cold water, until circulation appears re-established. Exposure of the part to the heat before, as we might say, it has been rebuilt, is apt to be followed by sloughing.

**Treatment
of frostbite.**

CHILBLAIN.

As the name implies, this occurs when the circulation of the part has become chilled—disturbed—not destroyed. It is generally attended with much itching, tingling and smarting, and is usually found in the toes, outside edges of the feet, just where the toes emerge, or in the heel. Sometimes, in persons of a debilitated state of health, the hands suffer. These symptoms are particularly annoying just after lying down in bed.

**Chilblain,
symptoms.**

The most useful thing for these annoying symptoms is

Treatment.

to keep away from the fire, and every night, before retiring, bathe the feet in cold water, or rub them with snow. They should then be well dried with a soft towel. After this, the application of the ordinary compound resin ointment of the apothecaries is often of use in stimulating the circulation through the part. The efficiency of this ointment for the special purpose can be increased by asking the apothecary to add to an ounce of it a couple of drams of oil of turpentine. It may be remarked that persons who suffer in winter from cold feet are often benefited to a surprising degree by bathing them at night, before retiring, in cold water. Such persons should always keep their feet away from the fire.

CONVULSIONS.**Usually
epileptic.**

Convulsions, or "fits," as they are often called, are a frequent cause of alarm in the streets or at public assemblages. In the decided majority of instances the convulsions may safely be presumed to be epileptic; so, unless otherwise specified, the remarks here made apply to that form. Ordinary fainting may be confounded with it; but in cases of fainting the face is pale, the person perfectly still, and there is no perceptible breathing. Besides, in fainting there are no convulsive movements.

Symptoms.

Frequently the epileptic seizure is ushered in with a peculiar sharp cry, as the person falls over. This does not always occur, but when it does there can be no doubt, if it is a convulsion at all, that it is epileptic. There is frothing of the mouth, sometimes tinged with blood from the tongue or a fold of the lips having been caught between the teeth at the moment the spasm commenced in the muscles of the jaws. Sometimes there are general convulsive movements of the whole body; often of parts of it only. At first the face is pale,

but usually in a few moments it becomes livid, except around the mouth, which often continues pale, in strong contrast with the color of the rest of the face.

As a general rule, it may be said that the convulsive feature of the attack does not last longer than four or five minutes, although to bystanders the time naturally seems longer. Then the person opens his eyes with a certain degree of intelligence, or revives enough to speak; and it is usually at this point of the attack that the most must be done. Sometimes nothing further is needed, and the individual gets up, hurriedly puts on his hat, and walks off, apparently the least concerned person of all. If this happy termination does not take place, the brief semi-conscious interval gives way to a heavy stupor, varying in duration from thirty minutes to three or even six hours.

Treatment.—In epileptic convulsions there is usually nothing to be done. Ignorant people on such occasions are apt—upon the general plea, “If you do not know what to do, do something”—to insist upon “opening the hands,” as the phrase is, saying that the patient will be better as soon as this can be done. The truth is, this cannot be done until the patient is better. All interference of this kind is hurtful, and no good can come of it. All rude efforts aggravate the trouble, perhaps by exhausting still further the muscular strength of the patient.

Treatment
during the
convulsion.

Keep the person from injuring himself or hurting others during the violent convulsive movements by removing him to some clear space where there is nothing to strike against. Do not attempt to hold the limbs, but loosen everything about the throat and chest. A folded handkerchief or a cork can be slipped between the teeth, so as to prevent biting of the tongue. Care should be taken that this does not interfere with breathing.

Wait a few minutes for the convulsive movements to cease, and the semi-conscious state to appear. As said before, it will soon be seen. Then, if the person is a stranger, get his name and residence, if possible, with such other knowledge as may be useful. In the meanwhile, keep the crowd away. This is a very important measure of assistance in convulsions, as in every other emergency. By this it is not meant that no one must bend over the victim, but that a perfectly free space of at least ten feet on each side should be kept, with none in it but the one or two persons immediately assisting him.

Treatment
after the
convulsion.

Thirty drops of aromatic spirits of ammonia, in a teaspoonful of water, may be given to the patient, as it is thought by many physicians to lighten and shorten the later stage of stupor. The spasmodic condition of the muscles of the jaws, by means of a little gentle dexterity, can usually be sufficiently overcome to permit of the introduction of the restorative into the mouth with the assistance of a second spoon or a piece of smooth stick. After getting the liquid into the mouth, press down the base of the tongue, and the mixture will readily run down the throat. As much of it will necessarily be lost during the operation, double the quantity may be prepared for use. If more than the thirty drops should be given, no trouble from it need be feared.

If the name and residence have been secured, the friends of the person can be notified. If not, he should be taken to some place of security until consciousness returns.

Epileptics
should
always carry
their name
and address.

Persons liable to epileptic convulsions should never be allowed to go from the house without a strip containing the name, residence and disease attached inside of the coat, where it will at once be seen upon unbuttoning the coat over the chest. A reference on it to a memo-

randum in some pocket containing a suggestion as to the duration of the attack, and to some remedy which assists restoration, would often materially add to the comfort and advantage of the afflicted person.

Other convulsions are apoplectic. These are comparatively uncommon. As a rule, little can be done by bystanders further than loosening everything about the neck. This should be done in all convulsions.

**Apoplectic
convulsions.**

The convulsions known as hysterical are usually found in young women who are not very strong. Until assistance comes, act as directed in epileptic convulsions. The distinction between them cannot be expressed to non-professional persons.

**Hysterical
convulsions.**

DIARRHŒA.

This very common summer complaint may be due to several causes. It may be caused by simple excess of food, especially fruits and vegetables; or by improper food, such as these same things when unripe; or by food that has begun to decompose, even though so slightly as not to be detected by the senses; or by changes in the weather, the so-called catching cold, although this latter is more of a predisposing cause than an immediate one; or by changes in the drinking water.

**Diarrhœa,
causes.**

The symptoms vary much in severity, cases ranging from two or three movements a day to thirty or forty. The movements may be accompanied by prostration, by no pain or by considerable. The cases range from the harmless attacks, to which no one pays much attention, up to the border line of dysentery.

Symptoms.

In all cases the condition exists that some indigestible food is present in the intestines, that the latter are trying to get rid of it, and are already irritated by it. We have then two things to do: First, to remove this offensive

Treatment.

matter. Second, to allay the irritation caused by it. For the first there is nothing better than castor oil, a tablespoonful or two of which should be taken at once by an adult. A little less may be given to children, but they stand it very well. If this cannot be had, a few grains of calomel or a few teaspoonfuls of Epsom or Glauber's salts in water can be given; but these are not as good as castor oil.

To allay the irritation present in the intestines, apply hot cloths to the abdomen, and these are made more efficient by adding a few drops of turpentine to the hot water in which they are dipped. A large mustard plaster is also good. This should be quite weak—one part mustard to ten parts of flour—and should be made with cold water. These local applications can be made as soon as one of the purgatives above mentioned has been given. In three or four hours give some medicine which will soothe the intestines. A simple but effective remedy is blackberry brandy with bismuth subnitrate. A tablespoonful of the former and an even teaspoonful of the latter can be given every two or three hours. If much pain is present, add five drops of laudanum to each dose. Care should be taken that the diet is very simple for a few days, consisting mainly of milk, eggs and toast.

If blackberry brandy cannot be had, any other mild astringent can be used. Even Pond's Extract will be of service. The bismuth will make the movements black, but that should not alarm anyone. In very mild cases the castor oil alone may be enough to cure the trouble. If the movements are at all frequent, it is better for the patient to remain in bed.

DYSENTERY.

When the movements are quite frequent, containing blood or mucus, and are accompanied and followed by griping pain, the condition known as dysentery is present. This is much more serious than diarrhœa, and every means should be taken to obtain the advice of a physician. If this cannot be had, the measures indicated under "Diarrhœa" should be carried out, and will oftentimes be effective. They must be attended to thoroughly, and if the attack lasts longer than two days it will be necessary to give the castor oil every second day. If blackberry brandy is not used, it will be necessary to give some other stimulant—a tablespoonful of brandy or whiskey in water or milk every four or five hours.

Dysentery.

CHOLERA MORBUS.

This disease is due in most, if not all, cases to the eating of some poisonous food. This may be poisonous naturally, as in the case of some mushrooms, or it may be the result of the beginning of decomposition. Decomposition causes in many foods, even before it can be detected by the senses, the formation of certain active principles called ptomaines, and these are often very irritating to the stomach and intestines.

Cholera morbus, causes.

The symptoms are frequent retching and vomiting, profuse diarrhœa and marked prostration and weakness. These symptoms last only a few hours, as a rule, but they are sometimes fatal.

Symptoms.

A physician is nearly always required, as usually the medicines have to be given hypodermically, owing to the vomiting. Nothing should be given by mouth at first—not even water or ice. Hot cloths or a mustard plaster may be applied to the abdomen, and the extremities can be rubbed to relieve the cramps which are often present.

Treatment.

If no doctor can be had, five drops of laudanum, without any water, can be placed on the tongue, and repeated every fifteen minutes until five or six doses have been taken. Some will doubtless be vomited, but enough may be absorbed to have some effect. After the vomiting has ceased for two hours, teaspoonful doses of brandy may be given every fifteen or twenty minutes. If any diarrhœa is present the next day, it should be treated. The diet should be very simple for a few days.

EPIDEMIC CHOLERA.

Epidemic cholera.

This is a very severe and fatal disease, spreading over the world in epidemics, which regularly begin in Asia. From this circumstance it is often called Asiatic cholera. It is caused by certain germs, which are usually taken in with the drinking water, and then develop in the intestines.

The symptoms are very much like cholera morbus, but much more fatal, one or two out of every three attacked dying.

Treatment.

Little can be done during the attack except by a doctor. If a physician cannot be obtained, follow out the same treatment laid down for cholera morbus. During an epidemic of cholera, every diarrhœa, no matter how trifling, should be treated promptly and thoroughly. As a preventive measure during an epidemic, all the drinking water, and the water used in preparing the food and washing the dishes, should be well boiled. None of the ordinary filters are of any use.

TO CHECK VOMITING.

Treatment of vomiting.

If due to mere irritability of the stomach or nervous system, aromatic spirits of ammonia, in twenty-drop doses in ice-water, every few minutes, iced mineral

water, iced champagne, thirty-drop doses of brandy, a mustard plaster, Cayenne pepper plaster, broken ice in a bladder to the stomach, or opposite, over the spine, are all useful. This last often succeeds where other things fail.

Sometimes the vomiting is a proper effort to get something out of the stomach that ought not to be there. If this is known to be the case, assist it with a solution of salt and water, or pulverized ipecacuanha.

MALARIA.

This disease is now known to be due to a living germ called the plasmodium malarie. The plasmodium obtains entrance to the blood from the drinking water, or possibly is injected through the skin by mosquitoes. There are several species of this organism, and each gives rise to a distinct type of the disease.

**Malaria
cause of.**

The symptoms of the disease are so well known and usually so easily recognized that we will not describe them.

The most common variety in this country is intermittent fever, also called "chills and fever" and "fever and ague." In this there is a distinct interval between the chills during which the patient feels comparatively well. The chills and fever usually occur every other day, and then we speak of it as the tertian type; or every day, being then called quotidian; or every third day, then being called quartan. Or the symptoms, including the fever, may persist without intermission, and then we speak of it as continuous or remittent malarial fever. Or the disease may pass into a chronic state, without chill or fever, which is commonly known as "dumb ague." There is also the very severe form known as pernicious fever. This usually begins as

Varieties.

ordinary chills and fever, but after one or two attacks the symptoms become very much worse, and the patient becomes delirious, then stupid and unconscious, and dies in a few hours. Besides these varieties there are other rare forms, too numerous to mention.

Treatment.

The treatment can be summed up in one word—quinine. This is best used in the form of bisulphate, which is more soluble and less irritating than the common sulphate. It is well to precede the administration of this by a dose of calomel, five or ten grains, to relieve the congestion of the liver, which is often present. Then take quinine, ten grains three times a day, until three days after the last chill. The dose can now be reduced to five grains three times daily until the seventh day after the last chill. Malaria has a distinct tendency to reappear on the seventh day, and for this reason it is a good plan to increase the dose on that day to ten grains three times. If this point is safely passed, quinine should still be taken for a week, one dose of five grains daily. In some cases quinine seems to lose its efficacy. In these Warburg's Tincture, which is a mixture of quinine with aloes and aromatics, is of great service. A tablespoonful should be taken each morning, fasting. In other cases Clark's Powder will prove of value. This consists of quinine, ten grains; capsicum, three grains, and powdered opium, one grain. One dose should be taken about four hours before the expected chill, and small doses of quinine during the intervals. If quinine causes much headache or ringing in the ears, this can be largely overcome by taking bromide of sodium or potassium, grain for grain, with each dose of quinine.

To prevent the development of malaria certain precautions can be taken, which are of value. One should not go out after sunset, nor near freshly plowed land.

The home should not be in a hollow and the bedroom should be on the second floor, or higher. A cup of strong coffee before getting up is also of service. The most efficient preventive, however, is a small dose of quinine, say two grains, every morning on arising. This can be kept up for a long time with benefit and without harm.

Preventive
measures.

The Mutual Life Series of Health Books

Includes four volumes, of which
the present is one. The others
are entitled

CARE OF INVALIDS



ACCIDENTS

POISONS-REMEDIES

and will be sent free to any address upon request and three cents in postage for each. These books contain a vast amount of necessary, *practical* information, and form a set which not only possesses at all times a rare interest and value, but may, in case of sudden or urgent need, save the life of more than one member of your family. Write for them to-day!

The Mutual Life Insurance Company
of New York

RICHARD A. McCURDY, President

The New York Times.

NEW YORK, SATURDAY APRIL 16, 1904.

ANCIENT LIFE POLICY PAID.

The Mutual Settles a Risk Written Fifty-seven Years Ago.

The Mutual Life Insurance Company has just paid to the estate of the Rev. John L. Gay, who died a few weeks ago in St. Louis, one of the oldest life insurance policies on earth. Mr. Gay, at the time of his death, was the second oldest Episcopal minister in America. The policy was issued in 1847, at which time he was occupying a pulpit in Manlius, N. Y.

During the life of the policy, fifty-seven annual premiums of \$30.50, a total of \$1,738.50, were paid. Its holder received in this period \$1,145 in dividends and \$578 in unused additions, so that the cost for fifty-seven years' insurance was but \$15.

The original policy was turned over to The Mutual yesterday. Attached to it was a letter written in 1878, by Dr. Gay asking permission to go from Kansas to Memphis, where an epidemic of yellow fever was raging, and give his services to the stricken people.

The permission asked was freely given Dr. Gay.

The History of Life Insurance in America

IS THE HISTORY OF

The Mutual Life Insurance Company of New York

(Founded
1843)

OLDEST
IN AMERICA

LARGEST IN
THE WORLD

Assets over \$401,000,000

Payments to Policy-holders over \$632,000,000

Has Earned More
for Policy-holders

Has Paid More
to Policy-holders

Holds More
for Policy-holders than any other Company in existence

The Mutual Life Insurance Company
OF NEW YORK

RICHARD A. McCURDY, PRESIDENT

Nassau, Cedar, William and Liberty Streets, New York City

Democrat Chronicle.

ROCHESTER, N. Y.

DECEMBER 8, 1903.

DIVIDENDS, 42 PER CENT.

Well Known Rochester Man Realizes on a Fortunate Investment.

The following letter from Nathan Stein, president of the Stein-Bloch Company of Rochester, tells of an investment that returned him 42 per cent. in dividends, a phenomenal record in these days of shrinking values in all classes of investment securities.

Rochester, N. Y., December 1, 1903.

Mr. Charles E. Bayliss, Manager, The Mutual Life Insurance Company of New York, Rochester, N. Y.:

Dear Sir: I wish to acknowledge receipt of your company's check for \$65,396.50, same being the full cash surrender value of policy No. 324,613, \$50,000, upon my life.

I also wish to express my thanks for your promptness in the matter, and my appreciation of the liberal dividend treatment accorded me. Dividend declared amounts to \$27,396.00, or 42 per cent. of the premiums paid, which is in itself evidence of the great ability with which the affairs of your company are directed.

For fifteen years I have been insured for \$50,000.00, yet now receive back more cash than I have paid in premiums. If I had not passed the insurable age, would certainly make a new application for a like amount at this time.

Yours very truly,

Nathan Stein.

THE MUTUAL LIFE I

OF NEW YORK

Is the Oldest Life Insurance Company in America and has

AVAILABLE FUNDS

THE COMPANY OWNED DEC. 31, 1903

| | |
|---|---------------|
| 1—Bonds and Stocks, amounting, at the Market | |
| Value, to : : : : : : \$214,713,238 37 | |
| 2—Real Estate, chiefly in the large cities of the | |
| World where the Company does business | 34,312,133 60 |
| 3—Cash in Banks and Trust Companies : : : | 22,460,550 02 |

AND IT HAD LOANED:—

| | |
|---|---------------|
| 4—On First Mortgages of Real Estate : : : | 89,224,920 14 |
| 5—To Policy-holders on their Policies : : : | 18,926,100 64 |
| 6—On Bonds and Stocks : : : : | 14,217,500 00 |

AND THERE WAS DUE:—

| | |
|--|------------------|
| 7—For interest accrued, Quarterly and Semi-annual premiums, etc. : : : : | 7,967,218 89 |
| 8—Making the Total Assets, Dec. 31, 1903 | \$401,821,661 66 |

IN THE SIXTY-ONE YEARS OF ITS EXISTENCE, THE COMPANY HAS PAID TO AND ACCUMULATED FOR ITS POLICY-HOLDERS

\$1,032,81

INSURANCE COMPANY

CHARD A. McCURDY, President

Largest Accumulated Fund of any Company in the World

TOTAL LIABILITIES

DEC. 31, 1903

- | | |
|--|------------------|
| 1—Amount required by law as a Reserve Fund for paying all the Company's Insurance Risks, as certified by the New York Insurance Department, and Claims due | \$339,826,818 00 |
| 2—Contingent Guarantee Fund, out of which future dividends to policies now in force will be payable as they become due by the terms of the policies of insurance | 59,164,843 66 |
| 3—Fund for Immediate Dividends to be paid on policies in 1904, according to contract | 2,830,000 00 |
| <hr/> | |
| 4—Total Liabilities, as a Mutual Company | \$401,821,661 66 |

579.12 WHICH IS NEARLY TWO HUNDRED AND FIFTEEN MILLIONS MORE THAN ANY OTHER LIFE INSURANCE COMPANY HAS ACCOMPLISHED

5% Gold Bonds

with interest payable semi-annually
in gold coin, can be purchased
on the instalment plan, under a
contract devised and introduced by

The Mutual Life Insurance Company of New York

RICHARD A. McCURDY, President

In case of your death during period
of payments, the bonds become at
once the property of your beneficiary.

If you wish to know terms on which these
bonds are offered address, stating your
age and the amount of income you would
like to begin drawing twenty years hence,

The Mutual Life Insurance Company

OF NEW YORK

RICHARD A. McCURDY, President

Acadian Recorder.

HALIFAX, N. S.

SATURDAY EVENING, MARCH 19, 1904.

ORIGINAL POLICY MORE THAN DOUBLED.

The Mutual Life Insurance Company of New York has recently settled policy 21,569 on the life of Thomas S. Whitman, of Annapolis, Nova Scotia, and the policy returned over twice its face value. The policy taken out was for \$5,000 and the final settlement amounted to \$10,535.

Mr. J. A. Johnson, the Company's representative for this region, has received the following letter relative to the settlement:

COLLAS, WHITMAN & Co.,
FISH EXPORTERS AND GENERAL COMMISSION
MERCHANTS.

HALIFAX, N. S., March 2, 1904.

MR. J. A. JOHNSON, Manager,
The Mutual Life Insurance Company
of New York, Halifax, N. S.

DEAR SIR—I herewith acknowledge receipt of check on the Bank of Montreal for \$4,556.00 being balance of value of policy No. 21,569 in The Mutual Life Insurance Company of New York, dated February 15, 1859, on the life of the late Mr. Thomas S. Whitman, of Annapolis Royal. This makes the total amount received as death claim \$10,535, the original face value of \$5,000 being more than doubled, although some of the dividends were used.

Thanking you for the prompt settlement, I remain,

Yours sincerely,
A. HANDFIELD WHITMAN.

Following is an exact statement of the policy:

| | |
|---------------------------------------|-------------|
| Face of policy..... | \$5,000 |
| Additions to policy..... | 5,535 |
| Value as a death claim..... | \$10,535 00 |
| 45 premiums paid less cash drawn..... | 4,879 32 |
| Profits over cost..... | \$5,655 68 |

The Daily Tribune.

CHICAGO, ILL.

THURSDAY, JANUARY 14, 1904

LIFE POLICY FOR \$500,000 TAKEN BY CHARLES NETCHER.

**Boston Store Proprietor Insures in
Favor of Wife to Guarantee Com-
pletion of Plans in Case of Death.**

"What is believed to be the largest single life insurance policy ever taken out in Chicago has just been placed on the life of Charles Netcher, proprietor of the Boston store. It is for \$500,000, and was written by William B. Carlile, Chicago manager of The Mutual Life of New York. The policy is made payable to Mrs. Netcher, and was taken out as a business safeguard, to assure ample cash in carrying out Mr. Netcher's extensive plans should he die before their completion.

Mr. Netcher's original plan was to divide the \$500,000 of insurance among several companies. The competition was lively, and several officials are said to have come from the East to participate in it, but finally Mr. Netcher decided to give the entire amount to The Mutual Life."

In regard to his choice Mr. Netcher says: "I selected the policy of The Mutual Life Insurance Company of New York after I had obtained the best available expert advice upon the plans and policies suggested by many, if not most, of the leading life insurance companies of America."

The largest policy ever taken out by an individual, namely one for \$1,500,000, has just been issued by The Mutual Life to James C. Colgate, banker and financier of New York City. Following its conservative methods, The Mutual Life reinsures all but \$250,000 of these large policies.

The Insurance Post.

CHICAGO, ILL.

FRIDAY, FEBRUARY 19, 1904.

\$2,500 A Year For Life.

Hermon B. Butler, Vice-President of J. T. Ryerson & Sons, iron merchants, who died last week, carried nearly \$100,000 of life insurance in several companies. The bulk of it was in The Mutual Life Insurance Company of New York, \$50,000 of it being represented by a continuous instalment policy taken out May 25, 1903, and on which but one premium of \$1,726 had been paid. Under this policy Mrs. Butler receives an annuity of \$2,500 a year for the remainder of her life, while if she should die before the \$50,000 is paid in this way, the balance will be paid to her estate. The size of this policy, the earliness with which it became a claim, and the possibilities of the annuity, make it of special interest. Mrs. Butler is still under forty, and with the proverbial longevity of annuitants may easily realize much more than the face of the policy, to say nothing of the comfort of an assured income, with no investments to worry about and perhaps lose.

The New York Times.

NEW YORK, FRIDAY, APRIL 1, 1904.

LIFE INSURED FOR \$1,500,000.

James C. Colgate's Policy in The Mutual Life Largest Ever Issued.

The largest insurance policy ever taken out by an individual, one for \$1,500,000, has been issued by The Mutual Life to James C. Colgate, banker and financier, and member of the stock exchange firm of James B. Colgate & Co.

Following its usual methods, The Mutual Life has re-insured all but \$250,000 in other companies. The Mutual Life has several \$1,000,000 policy-holders, including George W. Vanderbilt.

James C. Colgate was born in Yonkers, N.Y., May 23, 1863. He was graduated from Colgate University in 1882, and two years latter from the Columbia Law School. He married Miss Hope H. Conkling. He is a member of the firm of Colgate & Co., and a Director of the Aurora Iron Mining Company, Retsof Mining Company, Spanish-American Mining Company, and Wisconsin Central Railway Company. He is a member of the University and Lawyers' Clubs, the Bar Association, and the Phi Beta Kappa Society.

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